Applying transformative learning theory and narrative analysis to understand the transition to recovery from substance misuse.

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ABSTRACT

Previous research has emphasised the importance of the shift in identity in a successful recovery journey. The current study aims to understand the catalyst for positive behaviour change and use Mezirow's transformative learning theory to explain the experience of the transition from an addict identity to a recovery identity. Semi-structured interviews were conducted with a sample of five men aged twenty to forty-eight in the early stages of recovery from substance misuse with a mean recovery period of sixteen months. Narrative analysis was applied to the interview transcripts. Three main narrative themes were identified from the interview analysis: (1) readiness for change, (2) a shift in identity and (3) importance of connection. The study found that the catalyst for change was unique for each participant and that the initial connections formed within recovery are central to positive change.

KEY WORDS:	ADDICTION	RECOVERY	IDENTITY	CONNECTION	NARRATIVE

Introduction

Addiction and recovery

Addiction can be defined as the obsessive obtaining and taking of a substance, despite the adverse consequences (Nestler and Landsman, 2001). McKeganey et al. (2002) associated drug and alcohol addiction with some of the most unpleasant aspects of human experience. Having significantly negative health and social implications for direct users and their families (Leshner, 2001; World Health Organisation, 2017). In the year 2016 to 2017 there was 279,793 individuals reported to be in contact with drug and/ or alcohol services in the United Kingdom (National Drug Treatment Monitoring System, 2017). The majority of service users were being treated for opiates, with alcohol dependency making up the second largest group in treatment. In total, forty-nine percent successfully completed their treatment free of dependence. In this community of those who are trying to overcome their addiction, the word recovery is often used to describe the end goal for most individuals.

It is understood that simply being abstinent is not recovery (Hansen et al., 2008). The Betty Ford Institute Consensus Panel (2007:222) defined recovery as, “A Voluntarily maintained lifestyle composed characterised by sobriety, personal health and citizenship.” Although psychologists can agree on one generic notion of what recovery is, the journey to and through recovery is completely unique and could not be the same for any two people; varying in length, pathway and recovery capital. Due to the complex nature of addiction and recovery, it is difficult to research if you can ever be ‘free from’ addiction and if there is a period, where you are considered to be completely ‘cured’. A study by Neale at al (2014) found recovery, to service users, to be a personal journey and process that is more about coping than finding a ‘cure’.

The most thorough attempt to understand sustained recovery and chances of relapse, is that of Dennis et al. (2007) who conducted a longitudinal study over 8 years with 1,162 participants, the main findings were: about a third of people who remain abstinent for less than one year will relapse, this is considered early recovery; for between one and five years of abstinence, the risk of relapse is less than half and this is considered sustained recovery; over five years of abstinence is considered stable. However, the risk of relapse never fully subsides, only to around fifteen percent, clearly demonstrating that recovery is a lifelong process, with no exact end-point.

Motivation to recover

Best (2012) stated that individuals will only 'find' recovery when they are ready. However, a small amount of research in this area has stated otherwise, finding that family members such as the spouse or children play an imperative role on the decision to stop using (Laudet et al., 2002; Velleman et al., 2005). A study by Shinebourne and Smith (2010) focused on women in long-term recovery, understanding the sustaining factors, however provided no explanation as to what enabled the change and first-step into recovery. Previous research suggests, the predominant reason for individuals to decide to stop using drugs is due solely, to a significant or negative event providing them with the motivation required to quit (Tucker et al., 1995; Blomqvist, 2002), it should be noted that the participants in these studies were in stable recovery and therefore, retrospectively may not be able to provide the most accurate representation of their initial change. Furthermore, the threat of a partner leaving or being denied access to children is a factor that may be present, over a prolonged period before any decision to change is made, therefore suggesting that this alone cannot always be a catalyst for change. McIntosh and McKeganey (2002) stated that it is these negative or 'eye opening' events that happen in timing with other circumstances, and it is only when these events are understood relative to the individuals' sense of self, that recovery becomes possible.

There are times that an addict may vocalise their desire to get clean, yet still make no apparent attempt to stop, leaving friends and family perplexed. This can be explained by operant conditioning (Silverman, 2004). On discontinuing taking a drug, users can experience withdrawal symptoms, these are said to negatively reinforce drug-taking behaviour to relieve any psychological distress or physiological discomfort caused by cessation. Alternatively, through positive reinforcement, the drug may still be providing the individual with some amount of pleasure and so their appetite for drugs is still present. Therefore, for many drug users, making the rational decision to stop, is not a viable option (McIntosh and McKeganey, 2002). This is one reason why recurring narratives of 'rock bottom' are common in addiction and recovery research (Matzger et al., 2005, Hansen et al., 2008; Watson and Parke, 2011). A key turning point which is thought to be essential in the cognitive shift in making the decision to stop using drugs, is the point when people suffering from substance abuse disorder, accept that they have reached a bottom, where not even themselves can ignore the destruction that their current addict-identity is causing and they can no longer rationalise their own behaviours. This, as well as the hope that it is possible for a complete change in identity; and that they can get back to being the person they used to be or a new and improved version (McIntosh and McKeganey, 2002).

Identity shifts in recovery

In Goffman's (1963) account of social stigma, he defined a spoiled identity as the realisation by an individual that their core characteristics are unacceptable to both themselves and significant others. In other words, there was a lack of comparability between the expectations that others have of them and their actual self (Reith and Dobbie, 2012). Although Goffman did not say much about spoiled identity and addiction directly, others have engaged with this notion (Biernacki, 1986; Radcliffe and Stevens, 2008). The restoration of a spoiled identity has been shown to be a stronger predictor of recovery success than the attempt to recover for the sake of someone else (McIntosh and McKeganey, 2001).

There has been a growing body of research confirming that the change from addict identity to recovery identity is key in a successful long-term recovery (Reith, 1999; Gibson et al., 2004; Hill and Leeming, 2014; Dingle et al., 2015). Buckingham et al. (2013) found that through evaluative differentiation- which means weighing up the costs and benefits of two options and logically choosing one-, individuals who firmly associate with their recovery identity over their addict identity had significantly higher levels of self-efficacy and lower levels of relapse. However, the transition between identities involves a complex demand for major changes in daily activities and relationships. Each individual is in control of ensuring that these changes take place, as well as learning new coping skills. This can be a tedious task that must be constantly monitored and controlled. Alongside other life events, this can be extremely challenging for any individual.

Theories of change

There are two theories that can provide some understanding of the experiences during the transition from an addict identity to a recovery identity. The transtheoretical model (TTM) (Prochaska and Diclimente, 1983) and the Transformative Learning Theory (TLT) (Mezirow, 1991).

The TTM is an integrative biopsychosocial model which theorises that health behaviour change involves progression through a series of five stages: precontemplation, contemplation, preparation for action, action and maintenance. Individuals are thought to go through the cyclic stages, repeating the process until eventually, a sustained change is achieved. However, this theory does not provide an explanation as to what could be the catalyst for movement from the pre-contemplation to contemplation stage, where an addict begins to want to make a change in their behaviour.

Mezirows (1991), Transformative learning theory (TLT) suggests that adult learning is achieved as individuals try to make meaning of their lives and what has happened to

them, this is done through ten phases. In recovery, moments of change are usually characterised by a heightened sense of consciousness, an insight or a cognitive-emotional shift, in which an individual's usual pattern of understanding and interpreting the world is challenged and altered (Koski-jännes, 1998). In TLT, the change that leads to transformation begins with the first phase; a disorienting dilemma, this is a life event or experience that does not fit with an individual's current preconceptions. The dilemma can be epochal (all at once), like the moment an addict realises they have hit rock bottom or incremental, a gradual recognition over time that their meaning structure does not match up to their current environment, this represents the first theme in TLT of centrality of experience.

The next phases are an emotional reaction where the individual begins to experience feelings of shame or guilt and a critical assessment of their current assumptions, this ties in with the TTM stage of contemplation and represents the second theme of TLT, critical reflection. These phases help individuals critically reflect and act on their values, feelings and way of thinking, giving them the potential to become liberated from self-limiting patterns of behaviour that may be inhibiting growth and development.

The third theme of rational discourse is an essential element of TLT, where individuals should develop communitive skills so that internal and external conflicts, which result from changes in perspective can be resolved (Christie et al., 2015). Specifically, the next phase involves a recognition that one's feelings of discontent and process of transformation are shared, understanding that others have negotiated similar change. Often, when individuals first attempt recovery it is the first time that their feelings of isolation are relieved, as they begin to meet others who have had similar life experiences. Then the exploration of alternative roles, relationships and activities. The other phases within this theme are acquisition of knowledge and skills to implement plans, which often occurs when initial contact is made with drug services. Usually, individuals are asked to think about where they aim to be and what they must do to get there; planning a course of action, trying out new roles and building on competence and self-confidence within new roles and relationships. The final TLT phase of reintegration is indicative that transformative learning has occurred (Mansen, 2008) and is linked to the TMT stage of maintenance. Transformative learning can be described as a complete perspective transformation, individuals do not just learn instrumentally, their meaning perspective fundamentally changes, including thoughts, feelings and will (Nohl, 2015).

Present Study

Although it is more well established what factors aid the sustainability of recovery from addiction, there is only few studies regarding the initial catalyst for change with a

sample of those considered to be in early to sustained recovery. Mezirow's theory provides an explanation as to what Shaffer and Jones (1989) described as an 'epistemological shift' – the moment in which the addict re-evaluates their life and the place of drugs within it and the phases that follow in the transformation to a non-addict identity. Research into meaning making through narratives may have important implications for treatment engagement.

Therefore, the present study aims to explore the narratives of five individual's experiences of their transition from active addiction, on their way to stable recovery. Specifically, the objectives are to study what participants consider to be the motivations and sustaining factors behind relinquishing (or attempting to relinquish) their addiction to illicit drugs or alcohol and understanding the connection between experiences within each participant's recovery journey and the phases in TLT.

Methods

Philosophical underpinnings

Epistemology, according to Audi (2005), is concerned with how we know what we know, what justifies that and what standards of evidence we should use in obtaining truths about human experience and the world itself. Constructivist approaches appreciate that every individual has their own uniquely constructed version of reality which is shaped by unique experiences. Social constructionism invites us to take a critical stance towards our ways of understanding the world (and ourselves), as our knowledge of the world is not derived from the nature of the world as it really is, but through the daily social processes and interactions between people (Burr, 2006). From a social constructionist, epistemological perspective, this research understands that individuals use language to construct their reality and communicate their 'truths' with those around them (Andrews, 2012).

Ontology is concerned with what is, what exists and what it means for somebody - or something, to be (Parker and Goicoechea, 2000). The ontological approach of this research is critical realism, in appreciating that the world does exist objectively and independently of our own perspectives, however all human knowledge is incomplete and fallible as there is no way to view the world, objectively, outside of our own perspective (Maxwell, 2012).

Taking a narrative approach

The overall methodological approach for this research is narrative. Narrative psychology takes a dynamic perspective to understanding the process in which humans make sense of the constantly developing world around them (Murray, 2003). This approach

accepts that we interpret our own actions and that of others through the stories that we exchange. When we reflect on our past experiences, we make sense of our personal life in a way that justifies to ourselves and others, how we are in the present and provides us with a credible future (Brooks, 2001).

Design

The methodology employed in this study is qualitative. Qualitative research seeks to document and discern the subjective meanings attached to human behaviors and feelings (Olsen et al., 2015). As well as exploring the patterns, inconsistencies and conflicts in between thoughts and behaviours (Jaye, 2002). Over the past few decades, qualitative research methods have played an influential role in psychology, getting to the heart of many key issues in establishing a psychosocial approach (Emerson and Frosh, 2004).

Data collection method

The data was collected with the use of semi-structured interviews, placing significance on the individual's personal backgrounds, past events and circumstances. These situational contexts are deemed as crucial to understand exactly what the catalyst for change in each participant was. Whilst still gathering rich, reliable and comparable data, semi-structured interviews allow for more personal interaction with the interviewee and allow for the interviewer to follow their talk- hearing what they have to say and therefore allowing the researcher grasp what is important to each participant (Rapley, 2004; Wengraf, 2001). The face-to-face interviews allow an absolute insight into the subjectivity, voice and lived experience of the participant (Atkinson and Silverman, 1997). Each interview was audio-recorded and transcribed verbatim. The recordings were then erased.

The interview questions were designed to gather information about the period in each participant's life that came just before recovery, what it was that enabled them to make the decision to stop using drugs and factors that sustained their recovery. Questions were asked such as "What would you say has helped you the most?".

Ethical considerations

The study adhered to the British Psychological Society (BPS) Ethical guidelines and Manchester Metropolitan University (MMU) Ethics by completing the Application for Ethical Approval Form (AEAF) (appendix 1).

All participants gave informed consent through signing the consent form provided (appendix 2) before taking part in the study. Prior to the interview participants were told that they could stop at any time without providing a reason. In order to retain both the researchers and participant's safety, the interviews were conducted in the main office of the participant's supported housing, a place where both parties felt comfortable. Throughout the interview each participant was continuously asked if they were happy to continue or required a break. Interviews lasted from between twelve minutes up to one hour and forty-five minutes.

Participants were promised anonymity by the use of pseudonyms. Confidentiality however was not promised as direct quotations from the transcript have been used throughout the report. Participants were given a date, from two weeks after the interview, to which they could withdraw their data. Details of how to withdraw were written clearly on the invitation letter (appendix 3). Any time after this cut off point was not allowed as data analysis had already begun. Participants were also made aware, via the participant information sheet (appendix 4), of whom they could speak to if they experienced any distress through taking part in the interview or if they wished to make a complaint. After each interview, participants were handed a debrief sheet (appendix 5) to thank them for taking part in the study and explain how to request a copy of the results.

Recruitment of participants

The current study employed a volunteer sample of 5 participants who were currently living in supported housing and were in or on their way to long-term recovery from addiction. The sample size is relatively small because the aim is to explore the details of each individual's recovery rather than the generalities between them. The participants were recruited with assistance from the key workers at a supported housing organisation, who presented suitable candidates; who had no diagnosed mental health conditions, were no longer using illicit drugs and were not classed as vulnerable adults. Paper copies of the invitation letter was then handed out, alongside a verbal invitation and from those who volunteered, the sample of participants were selected. The final sample of participants consisted of 5 male adults ranging in age from twenty to forty-nine with a mean age of thirty-four years old. The shortest period of recovery was 7 months with the longest period of recovery being 3 years. Participants who were considered to be in early to sustained recovery, according to Dennis et al. (2007) were chosen as they were perceived as those who would be able to reflect most clearly on their recent recovery experience.

Participant information

The first participant was Cam (a pseudonym), aged 36 at the time of the interview. His drugs of choice were cocaine and crack cocaine. He was in active addiction for 18 and at the time of the interview he considered himself to have been in recovery for 2 years and 4 months.

The second participant was Steven, aged 34 at the time of the interview. His drugs of choice were alcohol and cocaine. He was in active addiction for 20 years and at the time of the interview he considered himself to have been in recovery for 8 months.

The third participant was Kevin, aged 49 at the time of the interview. His drugs of choice were crack cocaine and heroin. He was in active addiction for 34 years and at the time of the interview he considered himself to have been in recovery for 7 months.

The fourth participant was Tom, aged 20 at the time of the interview. His drugs of choice were crack cocaine and heroin. He was in active addiction for 7 years and at the time of the interview he considered himself to have been in recovery for 7 months.

The fifth participant was Matt, aged 48 at the time of the interview. His drugs of choice were alcohol and cocaine. He was in active addiction for 20 years and at the time of the interview he considered himself to have been in recovery for 3 years.

Pilot study

A pilot study can be conducted for two reasons: as an exploratory study or to test a specific portion of a main study, in order to identify potential problems (Allen, 2017), in this case, it was the latter. The first interview (Cam) was intended as a pilot study to test the interview schedule (appendix 6) and allow the researcher to become familiar with the interview questions. The interview lasted for one hour forty-five minutes, provided rich data and so was also included and used for analysis. Due to this, the structure and use of interview questions was kept the same throughout the remaining interviews.

Method of analysis

The selected method of analysis for this report is Narrative Analysis (Reissman, 2008). The central feature of narrative analysis is that it studies a story; how the narrator (each participant) creates meaning of their lives through the use of narrative. The idea is to understand how the individual re-tells the story of their recovery, where they position themselves within it and how they infer meaning from the events they chose to disclose (Lewis, 2015). Through analysis of the narratives, the researcher is able to understand

what is important to each participant as they will disclose only what they want the researcher to know, providing a constructed insight to their recovery journey.

First, each transcript was read multiple times to allow the researcher to become fully immersed in the data, familiarise themselves with the issues and gain an overall impression of how each participant structured their journey to and through recovery. The researcher then wrote down an
initial notes and emerging themes from the transcript and located them within the narrative framework. Paying close intention to where the individual placed themselves and the tones used to narrate at each phase in the story, to understand how each participant constructed their recovery journey.

Analysis and discussion

Through the use of open-ended questions, participants gave an account of their own recovery. Often starting with explaining how their addiction began, what factors played a role in them deciding to stop and ending up where they are now, with some discussion of their plans for the future. Following narrative analysis, 3 main themes were identified: (1) readiness for change, (2) a shift in identity and (3) importance of connection.

Theme 1: Readiness for change

In TLT, readiness for change is a catalyst for movement from one phase to the next, this is a theme that emerged throughout each interview. All participants admitted to having engaged in behaviours that had crossed even personal boundaries, leaving them feeling ashamed and the with the urge to change for the better.

> *"I'd had enough of using drugs, I'd had enough of waking up stinking of piss. I'd had enough of not having enough money… I just knew that I was gonna die. So I'd had more than enough."* **(TOM L74-L77)**

> *"…you get to a point in your life where you're like, they're not doing anything for me these drugs… I'd had enough."* **(KEV L369-L375).**

Having had 'enough' of using drugs was a statement that was evident in each narrative. Similar to the earlier findings of Best (2012), who stated that individuals would only find recovery when they were ready. It seemed that each participant enjoyed taking drugs to a certain extent, until eventually it became too much for them and they were ready to change.

For others, it was family members that played an imperative role and acted as a catalyst for change, this was expected in relation to previous findings (Laudet et al. 2002; Velleman et al. 2005). Steven's tone, throughout his interview appeared very pessimistic, he explained how he had been around recovery for over two years but continued to go back to his old ways, because he was not ready to stop using:

> *"I weren't happy, I wanted to use. I weren't ready to stop. And every time I've been to recovery it's always been because of someone else. But this time, it's because I'd had enough. No, you've got to want it yourself. You've got to hit that rock-bottom yourself, or have that desperation."* **(Steven: L102-L106).**

Previously, Steven had explained how he used to enjoy taking his son to school each day, however through his addiction, he lost access to him. This is an experience that did not fit with his expectations (of being a good father), in TLT this would be known as the disorienting dilemma, which is a situation that could not be resolved without a complete change in the way that he viewed the world. Although previous attempts at recovery had failed, Steven was finally ready to embrace change within himself in order to see his son again. This is in line with the findings of Kearney (1998) who's study found that many individuals went through treatment programmes and endured many relapses, however it was not until they achieved an extreme shift in awareness that they would experience a pervasive and lasting change.

For Kevin, his daughter has already grown up, his mentality was that his drug-taking behaviour was okay because he never lied to his daughter and wasn't taking drugs in front of her. However, in relation to phase two of TLT, when he looked back and examined his past preconceptions around taking drugs, he realised the pain that he had inflicted on his daughter as a child and explained having experienced feelings of guilt and shame which pushed him to attempt recovery.

> *"…but it's still not nice for your daughter to go to school thinking 'my dad's a junkie'. I didn't want.. now I don't want my grandson growing up and looking at me like that… So, that's why I'm doing it [getting clean]: for myself, so that I can be the parent and grandparent that I want to be for them!"* **(Kevin: L367-L377).**

Although Kevin said that he was doing it for himself, his priority was being what he had constructed to be a 'normal' grandparent – one who isn't using drugs. Although he appreciated that he could not change the past, he described how he was sick of using drugs and finally felt ready, after over twenty years of addiction, to be the best grandfather possible to his grandson.

Clearly, this shows that for each participant, there was different personal catalysts for change. Depending on subjective values, it was only what was deemed important for the individual that aided their first step into recovery.

Theme 2: A shift in identity

The theme of identity emerged throughout the narratives, participants explained having experienced an identity shift or at least the hope for a transformation in identity within their recovery. For Cam, the change in identity appeared to be one of the most important factors in his recovery.

At the beginning of Cams interview he explained some of his drug taking behaviours, including how he initially got caught taking crack cocaine, clearly he struggled taking up the identity of a drug addict:

> *"…because, I-I-I-I'm not, I've never, I'm not a drug addict. I've never took drugs, I'm not that type of person. So like, I'm not gonna, I didn't wanna go mixing with smack and crack heads. I don't wanna go and do that."* **(Cam: L288-L290).**

Here, Cam is resisting the stereotype of a 'crack head', which is a negative label reinforced by societal constructs and attitudes. Throughout his addiction he abstained from his addict identity, because he positioned himself as something more valuable than

his construction of an addict. It was easy for Cam to resist identifying as an addict because it was a hidden behaviour, and he could justify it to himself as a bad phase that he was going through where he 'wasn't himself' for a while. It was not until he attended NA meetings and connected with other "black boys", of his own age, who had jobs and were also in recovery, that he was encouraged to challenge his own belief of what encompasses an addict's identity and accept that addiction can affect anyone. This provided him with the chance to feel more 'normal' and begin to move forward as he explained that when he became comfortable in his recovery, he was not ashamed to tell stories about his past drug-taking behaviours.:

> *"…you know why I can tell it [his story], because I think… that wasn't me before, in the beginning and I'm a lot different to what I was then, to as I am now… and that's what I thought… if everybody knows I smoked crack then fuck them because, I'm gonna be back to myself when I go back [home]."* **(Cam L362-L366).**

Cam was in a space where he could reinvent himself, here he positioned himself as having a better self-concept and being someone who is more worth listening to. Cam is acknowledging that over time there has been multiple shifts in his identity. He felt comfortable to talk with the researcher and others about his time in addiction, as he understood that he could not let his addiction define him. Supported by the findings of Johansen et al. (2013) whose study found that participants with clearly developed identities related to 'healthy' roles were less negatively affected by situations where they perceived themselves to be potentially judged.

The healthy shift from a negative identity to a positive identity was also an important sustaining factor for Tom's recovery. Tom expressed how much it meant to him when people appreciated how hard he had worked and how well he had done in his recovery, this provided him with additional motivation. Tom narrates with a strong tone of optimism:

> *"I think I'm now the person that I was always supposed to be. Yeah, I'm quite happy with Tom."* **(Tom: L251-L252)**

> *"You know, there's a big difference between someone telling you you're perfect and someone telling you you're a crack head and you're going to die."* **(Tom: L259-L261)**

Although the concept of identity is fluid, Tom had become more comfortable when his behaviours were more aligned to his internal beliefs and morals. He spoke proudly of his recovery identity and of being a person who he explained as being more meritorious and worthy of being heard, when he felt that he had something valuable to offer. Tom's recovery contributed to what some psychologists would call a good sense of self (Hattie, 2014). This is comparable to the findings of Johansen et al. (2013) who concluded that the self-esteem gained from the validation of a positive non-using identity is related to increased motivation for recovery. Similarly, Dunlop and Tracy (2013) suggested that the production of a self-redemptive narrative may encourage sustained behavioural change.

Theme 3: Importance of connection

The theme of connection involved a new-found feeling of being able relate to others, building new relationships and learning to trust. This seemed to develop in recovery for each participant and was described as a huge sustaining factor. Although recovery is a very personal and individualised experience, for each participant there was something that they "couldn't have done it without". The theme of connection emerged constantly throughout the narratives, however the most influential seemed to be the connection that developed at some individuals first mutual-aid meetings:

> *"…NA sort of taught me that I'm not the only one who's like that. There's tens of millions of people around the world who are the same as me."* **(Tom, L50-L51).**

> *"but it did feel so good to just talk and get it all off my chest… it felt like, wow I can say it and these are not going to judge and they've been through it."* **(Cam: L433-436).**

Both participants' narratives became optimistic and each expressed a sense of liberation that their feelings of isolation were no longer valid, as they explained their first experience at a Narcotics Anonymous (NA) meeting. They finally felt a connection that had been absent throughout both of their addictions. Both were finally able to relate to a group of people who have experienced similar hardships as them, giving them a sense of belonging in recovery. NA meetings also provided an opportunity for self-disclosure and a chance to listen to alternative perspectives; both important aspects of TLT. For Cam, he had been holding in his emotions for so long and experiencing a meaningful connection with others in recovery eventually allowed relief.

Tom connected with NA on a deep level, this comes through as he quotes the literature within his story, as he spoke about his new-found purpose of inspiring others:

> *"I can only keep what I've got by giving it away, I want to teach someone else, you know, this is how you do it… this is how I did it, try it and you might get clean."* **(Tom: L68-L69).**

Although Tom's journey is personal, the presence of others is what keeps him going, as he expresses his willingness to share his hard-won knowledge by regularly sharing his life story at conventions with others in recovery. According to Koski-Jännes (1998) satisfactory life stories help to create and maintain the sober identity. The overarching theme of connection links with the fourth phase in TLT where individuals communicate their stories of perspective and change with others, providing an understanding that their views and transformation are shared. It has also been suggested that a willingness to share hard-won knowledge in recovery is indicative that a transformation has occurred (Hansen et al. 2008).

Re-connecting with family was a constant topic of discussion throughout the interviews for everyone. For Matt, his recovery allowed him to gain back the positive relationship with his family, he could reform his old scheming and criminal identity to someone that they could trust, this made his mum "the happiest woman alive". Previous findings have shown that re-establishing a healthy connection with family members can play a significant role in achieving and maintaining recovery (Masters and Carlson, 2006).

Cam explained that his mum moved to London and he hadn't had much contact with her since he was seventeen. The first two times that he tried to get clean, he decided to drive to London and stay with her, when she realised the extent of his problem she took him to the hospital and waited with him for hours to be seen by a doctor, this was the first bit of actual support Cam had felt through his times of struggle which enabled him to open-up to a professional for the first time.

> *"I explained what I had been doing and the depth of my drugs and I admitted for the first time that I had smoked crack, even though I had been caught, I vocalised it to somebody that I had smoked crack and she said, you need to go to NA…"* **(Cam: L394-L397).**

Admitting his problem was the first step to recovery for Cam. Being able to openly admit, out loud, for the first time, to himself and others about the extent of his drug problem, was a huge relief as he had been working so hard to hide and deny his

problem for so long. Showing that openness and trust are important components of recovery, alongside having helpers who are authentic and sincere.

Although both Tom and Cam spoke about NA as their saviour, this was not the same for Kevin whose tone around NA was very pessimistic as Kevin had been on a methadone script for most of his life and had recently changed over to a new reduction script. Although he was clean from illicit drugs and alcohol, this was not accepted as being abstinent within the NA literature, this lead to him experiencing a lack of connection and feelings of isolation. In the following extract, he explains how the negative reaction from others when he collected his thirty-day clean keyring lead to him feeling resentful towards the NA fellowship:

> *"…it was a big thing for me and I was looking forward to picking my sixty day [keyring] up. I just sat there in the corner thinking, I'm not getting up because there's people pulling their faces."* **(Kevin: L110-L112).**

Kevin expressed his isolation by just sitting and not saying anything, he explained how he felt distant from the group because he was still taking his reduction script. Kevin was initially feeling motivated and excited but the judgement from others prevented him forming a positive connection within the group. By the time Kevin had reached 90 days he lapsed, this could be an indication of the importance of the feeling of connectedness within a strong recovery journey. Kevin's narrative stayed very pessimistic until he began talking about his grandson who he explained was "like his anchor to the real world", the metaphor used to describe his relationship with his grandson demonstrated how important he perceived the connection to be within his recovery journey. Suggesting that he doesn't want to stay living in recovery housing, his aim is to get back to the 'real world' and reconnect with his family.

Summary

All participants had made previous attempts to relinquish their addiction, however each explained that this time was 'different' as they expressed feeling ready to change. The findings suggest that there is no viable way that service providers or family members can force change on anyone suffering from addiction, as the catalyst for positive behaviour change was different for each participant. Change will only occur when it is the only option to enable the individual to cope, both mentally and physically. However, there are steps that can be taken to aid individuals who attempt recovery, such as: ensuring that meaningful connections are made with others in recovery and assisting

individuals to create and verify a positive self-representation by engaging in activities that are in line with their internal beliefs and values.

Although the study aimed to understand the catalyst for change for individuals in recovery, the sample consists only of men, meaning that women are underrepresented. This is because only men volunteered to participate.

Combining narrative analysis with the Transformative Learning Theory was useful to understand how the shifts in identity can be mirrored through Mezirow's theory. Each of the themes discussed are relative to various phases in TLT, therefore suggesting that sustained recovery is more likely to occur when done in accordance to the "ideal conditions for transformative learning" (Taylor, 1998), which include: promoting safety, openness and trust, assistance from helpers who are authentic and sincere, providing opportunity for self-disclosure and engaging in activities that encourage alternative perspectives and critical reflection. Implications for future research could be to conduct a case study, focusing on an individual's recovery journey in relation to TLT, which could potentially be used as a treatment tool to understand what stage a person is at in their behaviour change.

Reflexivity

As female researcher who has not experienced addiction first hand, I had to be wary that the participants may have felt cautious to engage in genuine conversation regarding their experiences around addiction and recovery. However, by volunteering at the supported housing where the participants live, I had met the participants prior to the interviews and so had chance to build rapport. Through reflecting on each of the transcripts I feel that participants did engaged in an authentic conversation, providing genuine information at that stage in their life.

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